

EOD INSTRUCTIONS OFF DAOK OF MILES	,	<del></del>	
FOR INSTRUCTIONS, SEE BACK OF FORMUT	28 AM 7.11	FORM	STATEMENT
This is an initialit Ptotomont of Occasion to		DR-1	OF
☐ This is an <b>initial*</b> Statement of Organization ☐ This is an <b>amended*</b> Statement of Organization	Reset Form	(Rev. 04/2008)	ORGANIZATION
"An initial Statement of Organization must be filed within 10 days of the		For Office Use	Only
		Comm. #	
		indexed	
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and the variety and variety of the new onice sought.			
COMMITTEE NAME   (A candidate's committee must include the candidate's last name in the name of the committee.)			
triends of Extension and 4H			
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	tory except for a c	andidate's committee)
Jane Cortum	Name + Tlagra		
Mailing Address ↓ ↓	Mailine Address		
Mailing Address & 1 4 154 Dubuque Tr.  City, State & Zip Code & 1  Norunck, IA 50011	Mailing Address + 5856 H	twv 92.	
City. State ↓ ↓ Zip Code ↓ ↓	City. State J J Zip Code J J	100 9 1000	
Norwack, IA 50011	Mailing Address 1 15856 A  City, State 1   Zip Code 1    Proce. LA	Dag.	
Phone (515) 981-9850	Phone (5/5) 962-0		
Mail leycecertum@msn.com			
INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s)			
Comment or description: All Candidates Enter:	County/Local Candidates an	vocate against hallo	ticenate\
Office Sought			1
Political Party (if applicable)	County: Warren (If active in multiple ballot issue	e elections, attach li	st of counties
District:	Date of Election: 11-2		
Year Standing for Election:			
Bank Account Name (must match committee name)	Candidate name & Address or Pa	rent Entity (PACs.	f applicable),
Bank Account Name (must match committee name)  ↓ ↓		rent Entity (PACs, i	if applicable).
Bank Account Name (must match committee name)			f applicable),
Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account 1 1	↓↓ <u>Af</u>		if applicable),
Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  1 1			if applicable),
Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account 11  Peoples Bank	↓↓ <u>Af</u> Mailing Address ↓ ↓	filiate, or Sponsor	
Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank	↓↓ <u>Af</u> Mailing Address ↓ ↓		if applicable).  Zip ↓ ↓
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Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank  Mailing Address   400 E. Towa  City   State   Zip   Zip   J	→ ↓ ▲f  Mailing Address ↓ ↓  City ↓ ↓	filiate, or Sponsor	
Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank  Mailing Address      400 E. Towa	↓↓ <u>Af</u> Mailing Address ↓ ↓	filiate, or Sponsor	
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Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank  Malling Address + +  400 E. Towa  City + + State + + Zip + +  Indianola IA 50/25		filiate, or Sponsor	
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Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank  Mailing Address  HOO E. Towa  City	Mailing Address   City   Phone ( )  e-Mail   offirms the following:	State ↓ ↓	Zip ↓ ↓
Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank  Mailing Address  TODE  City	Mailing Address   City   Phone ( )   e-Mail   ffirms the following:  nat they are subject to the laws in lowa Code	State   Chapters 68A and 66	Zip ↓ ↓  BB and the administrative
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Bank Account Name (must match committee name)  Friends of Extension and 4H  Name of Financial Institution/type of Account  Peoples Bank  Mailing Address  That iowa Code section 68A.405 and rules 351—4.9 require the filing of disc subjects the candidate or chairpreson (in the case of committees other than a composition of other criminal and civil sanctions.  That iowa Code section 68A.405 and rules 351—4.9 through 4.43 require materials except for those items exempted by statute or rule. A committee inal does not intend to cross the \$750 filing threshold shall file the Form DR-SFA for 4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit	Maiting Address   City   Phone ( )  e-Mail  ffirms the following:  nat they are subject to the laws in lowa Code cosure reports and that the failure to file thes candidate's committee) to the automatic asset the placement of the words "paid for by" and t wishes to register a committee name for pur rm in lieu of filing this form.  the receipt of corporate contributions by all of	State   chapters 68A and 66 reports on or before essment of a civil pen of the comproses of using the signature of the comproses of using the comproses	Zip ↓ ↓  BB and the administrative  a the required due dates alty and the possible  smittee on all political horter "paid for by" and
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